PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 Application or Docket Number 0 1 9 1 1 1 1 1 1 1 1												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL E	NTITY	OR	OTHER	
TOTAL CLAIMS			42		-		. [RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED .		NUMBER EXTRA		Ī	BASIC FE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			42 minus 20=		. 22		Ī	X\$ 9=		OR	X\$18=	396
INDEPENDENT CLAIMS					•		ŀ	X43=		1	X86=	3767_
MULTIPLE DEPENDENT CLAIM PI			RESENT				ŀ	+145=		OR	+290=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2			column 2	L	TOTAL	 	OR	TOTAL	1166
12/ac/claims as amended - Part II								TOTAL	L	Jon	OTHER	THAN
- 1	4/10/	(Column 1)	(Column 2) (Column			(Column 3)	_	SMALL	ENTITY	OR	SMALL	
AMENDMENT A	ı	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.42	Minus	· 48	2	=		X\$ 9=		OR	X\$18=	
	Independent	٠ ٧	Minus	***	3	=	l	X43=	\	OR	X86=	
⋖	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM	\Box		/ 45	\	1 1	+290=	
								+145= TOTAL		97	TOTAL	
					•	(0.1	Al	DDIT. FEE	<u> </u>	OR	ADDIT. FEE	
		(Column 1) CLAIMS		(Colum		(Column 3)	Г		ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
	Total	*	Minus	**	•,	=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								.145:-			+290=	
								+145≒ TOTAL		OR	TOTAL	
								DIT. FEE		OR ,	ADDIT. FEE	
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST												405
NT C		REMAINING . AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
園	Total	*	Minus	**		= .		X\$ 9=	,	OR	X\$18=	, , , , , ,
AMENDMENT	Independent	*	Minus	***		=	┢	X43=			X86=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							A-0=		OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									·	OR	+290=	·
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									•	OR ,	TOTAL ODIT. FEE	
		ber Previously Paid					found	in the app	oropriate box	in coli	umn 1.	